10/049851 C11 Rec'd PCT/PTO 1 9 FEB 2002

## Application Data Sheet

Application Information

Application Type:: Regular

Subject Matter:: Utility

Suggested Classification:: Suggested Group Art Unit::

CD-ROM or CD-R?:: None

Number of CD disks::

Number of Copies of CDs::

Sequence Submission?:: None

Computer Readable Form (CRF):: No

Number of copies of CRF:: 0

Title:: COATING METHOD AND A

CORRESPONDING PART

Attorney Docket Number:: 0512-1007

Request for Early No

Publication?::

Request for Non-Publication?:: No

Suggested Drawing Figure::

Total Drawing Sheets:: 6

Small Entity?:: No

Latin Name::

Variety Denomination Name::

Petition Included?:: No

Petition Type::

Licensed US Gov't Agency::

Contract or Grant Numbers::

Secrecy Order in Parent No

Appl.?::

Applicant Information

Applicant Authority Type:: Inventor

Primary Citizenship Country:: FRANCE

Status:: Full Capacity

Given Name:: SERGE

Middle Name::

Family Name:: SAINT-DIZIER

City of Residence:: VALENTIGNEY

State or Province of Residence::

Country of Residence:: FRANCE

Street of Mailing 8, RUE D'ARTOIS

Address::

City of Mailing Address:: VALENTIGNEY

State or Province of Mailing Address::

Country of Mailing Address:: FRANCE

Postal or Zip Code of Mailing Address:: 25700

Correspondence Information

Correspondence Customer Number:: 000466

Representative Information

Representative Customer Number:: 000466

## Domestic Priority Information

| Application::    | Continuity Type:: | Parent         | Parent Filing |
|------------------|-------------------|----------------|---------------|
|                  |                   | Application::  | Date::        |
| This application | National Stage of | PCT/FR01/01937 | 6/20/01       |
|                  |                   |                |               |

## Foreign Priority Information

| Country:: | Application | Filing Date:: | Priority  |
|-----------|-------------|---------------|-----------|
|           | Number::    |               | Claimed:: |
| FRANCE    | 00/07949    | 6/21/00       | Yes       |
|           |             |               |           |

## Assignment Information

Assignee Name::

Street of Mailing

Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::